

# CLINICAL CHILD & ADOLESCENT HEALTH CENTER PLANNING GRANT APPLICATION RUBRIC

## REQUIRED ELEMENTS – EACH PROPOSAL MUST INCLUDE THE FOLLOWING REQUIRED ELEMENTS:

### PART A- APPLICATION COVER SHEET AND APPLICATION

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Service Area & Target Population Demographics Worksheet must be completed and included as an attachment for consideration of the proposal. | REQUIRED _____ (✓) |
| <input type="checkbox"/> Target Population Identified: Children ages 5-10, Youth 10-21.   | REQUIRED _____ (✓) |
| <input type="checkbox"/> Proposed location is within school district where no clinical CAHC currently exists.   | REQUIRED _____ (✓) |

### PART B- ASSURANCES AND CERTIFICATIONS

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Original signatures must be on page 1, 1a, and 1b on the application for state and specific program assurances and certifications. Rubber stamps and copies are unacceptable.  | REQUIRED _____ (✓) |
| <input type="checkbox"/> The cover letter includes assurances that family planning drugs and/or devices will not be prescribed, dispensed or distributed on school property (if school based health center) <b>and also</b> provides assurances that abortion counseling, services, and referrals will not occur as part of services offered. | REQUIRED _____ (✓) |
| <input type="checkbox"/> The cover letter includes assurances of compliance with all Federal and state laws and regulations prohibiting discrimination.   | REQUIRED _____ (✓) |
| <input type="checkbox"/> The cover letter includes assurances of compliance with all requirements and regulations of MDE and MDCH.  | REQUIRED _____ (✓) |

### PART C- GRANT PROGRAM DETAILS

#### 3. PRELIMINARY ASSESSMENT OF NEED / ASSETS OF YOUTH

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Need Statement Worksheet must be completed according to the instructions and included as an attachment for consideration of the proposal. | REQUIRED _____ (✓) |
| <input type="checkbox"/> Data included in the Need Statement Worksheet must be referenced in narrative.  | REQUIRED _____ (✓) |

#### 8. WORK PLAN

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Activities to be conducted should be fully and clearly described for the period of April 1, 2009 through September 30, 2009. | REQUIRED _____ (✓) |
| <input type="checkbox"/> Work Plan follows required format.   | REQUIRED _____ (✓) |

**REQUIRED ELEMENTS CONTINUED:****11. LETTERS OF COMMITMENT AND 12. LETTERS OF NEED**

☐ Four or more letters of commitment\* are included; one must be from the school superintendent or building principal.

☐ Three or more letters of need\* are included.

**REQUIRED** \_\_\_\_\_ (✓)

**REQUIRED** \_\_\_\_\_ (✓)

\*A single letter may fulfill both requirements for a letter of commitment and a letter of need.

**13. FINANCIAL PLAN AND BUDGET FORMS**

☐ A line item budget for \$50,000 or less is provided for the grant period and includes both in-kind and hard match resources.

☐ A minimum local match of 30% is required and can be reached either through cash contributions or in-kind resources.

☐ Budget includes a designated position to coordinate the planning effort.

☐ Travel is budgeted for three to five people to attend two MDCH trainings.

**REQUIRED** \_\_\_\_\_ (✓)

**REQUIRED** \_\_\_\_\_ (✓)

**REQUIRED** \_\_\_\_\_ (✓)

**REQUIRED** \_\_\_\_\_ (✓)

PART C- GRANT PROGRAM DETAILS 3. PRELIMINARY ASSESSMENT OF NEEDS / ASSETS			TOTAL 60 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides <u>complete demographic data and narrative explanation, including year and source of data for four</u> of the following Barriers to Access: (8 points)  _____ Geographic Barriers (distance to care) _____ Shortage of Primary Care Physicians _____ % Children 5-17 yrs. Living in Poverty _____ % Uninsured Individuals _____ % Children 0-18 Years with Medicaid  <input type="checkbox"/> The data provided <u>clearly supports a strong need for services</u> in the area/population based on Barriers to Access of care. (17 Points)	<input type="checkbox"/> Provides <u>limited or incomplete demographic data and narrative explanation, or is missing year and/or source of data for up to four</u> of the following Barriers to Access: (3 to 5 points)  _____ Geographic Barriers (distance to care) _____ Shortage of Primary Care Physicians _____ % Children 5-17 yrs. Living in Poverty _____ % Uninsured Individuals _____ % Children 0-18 Years with Medicaid  <input type="checkbox"/> The data provided offers <u>limited evidence of the need for services</u> in the area/population based on Barriers to Access of care. (4 to 13 Points)	<input type="checkbox"/> Provides <u>little or no demographic data or narrative explanation, does not include year and source of data for four</u> of the following Barriers to Access: (0 points)  _____ Geographic Barriers (distance to care) _____ Shortage of Primary Care Physicians _____ % Children 5-17 yrs. Living in Poverty _____ % Uninsured Individuals _____ % Children 0-18 Years with Medicaid  <input type="checkbox"/> The data provided <u>offers little or no evidence of the need for services</u> in the area/population based on Barriers to Access of care. (0 Points)	_____ / 25
<input type="checkbox"/> Provides <u>complete demographic data and narrative explanation, including year and source of data, for ten</u> Health Disparity Factors identified in the Need Statement Worksheet. (10 points)  <input type="checkbox"/> The data provided <u>clearly supports a strong need for services</u> in the area/population based on Health Disparity Factors. (15 points)	<input type="checkbox"/> Provides <u>limited or incomplete demographic data and narrative explanation, or is missing year and source of data, for up to ten</u> Health Disparity Factors identified in the Need Statement Worksheet. (3 to 7 points)  <input type="checkbox"/> The data provided offers <u>limited evidence of the need for services</u> in the area/population based on Health Disparity Factors. (4 to 12 points)	<input type="checkbox"/> Provides <u>little or no demographic data or narrative explanation, does not include year and source of data, for the Health Disparity Factors</u> identified in the Need Statement Worksheet. (0 points)  <input type="checkbox"/> The data provided offers <u>little or no evidence of the need for services</u> in the area/population based on Health Disparity Factors. (0 points)	_____ / 25
<input type="checkbox"/> Provides <u>clear</u> description of community resources available to meet needs and how a CAHC would be integrated with and/or fill gaps in existing services. (8 points)	<input type="checkbox"/> Provides <u>limited</u> description of community resources available to meet needs and how a CAHC would be integrated with and/or fill gaps in existing services. (2 to 6 points)	<input type="checkbox"/> Provides <u>little or no</u> description of community resources available to meet needs and how a CAHC would be integrated with and/or fill gaps in existing services. (0 points)	_____ / 8
<input type="checkbox"/> Provides a clear map of the proposed service area as an attachment. (2 points)	N/A	<input type="checkbox"/> No map is provided of the proposed service area in the attachments. (0 points)	_____ / 2

**COMMENTS from PRELIMINARY ASSESSMENT OF NEEDS / ASSETS (previous page):**

**(Totaled  
from  
previous  
page)**

\_\_\_\_\_ / 60

PART C- GRANT PROGRAM DETAILS			TOTAL
4. CAPACITY AND READINESS OF SPONSORING AGENCY AND COMMUNITY			40 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides <u>comprehensive</u> history of the sponsoring agency and a mission statement that is <u>highly compatible</u> with support for CAHC services. (10 points)	<input type="checkbox"/> Provides <u>limited</u> history of the sponsoring agency and/or a mission statement that is <u>somewhat compatible</u> with support for CAHC services. (3 to 7 points)	<input type="checkbox"/> Provides <u>little or no</u> history of the sponsoring agency and/or a mission statement that is <u>not compatible</u> with support for CAHC services. (0 points)	_____ / 10
<input type="checkbox"/> Provides <u>strong description</u> of the sponsoring agency's work with other public and private organizations, health care agencies and schools in other initiatives. (10 points)	<input type="checkbox"/> Provides <u>limited description</u> of the sponsoring agency's work with other public and private organizations, health care agencies and schools in other initiatives. (3 to 7 points)	<input type="checkbox"/> Provides <u>little or no description</u> of the sponsoring agency's work with other public and private organizations, health care agencies and schools in other initiatives. (0 points)	_____ / 10
<input type="checkbox"/> Provides <u>clear evidence</u> of the sponsoring agency's ability to accomplish the proposed work plan and manage a grant program of similar size and complexity. (10 points)	<input type="checkbox"/> Provides <u>limited evidence</u> of the sponsoring agency's ability to accomplish the proposed work plan and manage a grant program of similar size and complexity. (3 to 7 points)	<input type="checkbox"/> Provides <u>little or no evidence</u> of the sponsoring agency's ability to accomplish the proposed work plan and manage a grant program of similar size and complexity. (0 points)	_____ / 10
<input type="checkbox"/> Provides <u>strong</u> rationale as to why the sponsoring agency is appropriate to coordinate the planning effort. (10 points)	<input type="checkbox"/> Provides <u>moderate</u> rationale as to why the sponsoring agency is appropriate to coordinate the planning effort. (3 to 7 points)	<input type="checkbox"/> Provides <u>little or no</u> rationale as to why the sponsoring agency is appropriate to coordinate the planning effort. (0 points)	_____ / 10
COMMENTS:			_____ / 40

PART C- GRANT PROGRAM DETAILS 5. STAFFING PLAN			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides a <u>complete</u> staffing plan including number of existing staff who will be assigned to the project as well as any additional staffing needs. (2 points) <input type="checkbox"/> Includes <u>complete</u> job descriptions or vitas of the personnel who will play key roles in the coordination of the planning effort. (2 points) <input type="checkbox"/> The necessary skills and qualifications are <u>appropriate</u> to the activities being conducted. (3 points) <input type="checkbox"/> Provides a <u>clear</u> description of how designated staff has sufficient authority, expertise and dedicated work time to carry out project activities. (3 points) <b>NOTE:</b> At least one person must be designated as the program coordinator for the planning project.	<input type="checkbox"/> Provides a <u>limited</u> staffing plan including number of existing staff who will be assigned to the project as well as any additional staffing needs. (1 point) <input type="checkbox"/> Includes <u>limited</u> job descriptions or vitas of the personnel who will play key roles in the coordination of the planning effort. (1 point) <input type="checkbox"/> The necessary skills and qualifications are <u>somewhat appropriate</u> to the activities being conducted. (1 point) <input type="checkbox"/> Provides a <u>limited</u> description of how designated staff has sufficient authority, expertise and dedicated work time to carry out project activities. (1 point) <b>NOTE:</b> At least one person must be designated as the program coordinator for the planning project.	<input type="checkbox"/> Provides <u>little or no</u> indication of the number of existing staff who will be assigned to the project as or any additional staffing needs. (0 points) <input type="checkbox"/> Includes <u>little or no</u> job descriptions or vitas of the personnel who will play key roles in the coordination of the planning effort. (0 points) <input type="checkbox"/> The necessary skills and qualifications are <u>not appropriate</u> to the activities being conducted. (0 points) <input type="checkbox"/> Provides <u>little or no</u> description of how designated staff has sufficient authority, expertise and dedicated work time to carry out project activities. (0 points) <b>NOTE:</b> At least one person must be designated as the program coordinator for the planning project.	          _____ / 10
<b>COMMENTS:</b>			          _____ / 10

PART C- GRANT PROGRAM DETAILS 6. STRENGTH OF COMMUNITY ADVISORY COUNCIL (CAC)			TOTAL 20 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides a <u>clear and comprehensive</u> description of the partners involved, or proposed to be involved, in the planning process <u>and</u> their experience working together to improve the health of children and youth in the service area. (10 points)	<input type="checkbox"/> Provides a <u>limited</u> description of the partners involved, or proposed to be involved, in the planning process <u>and/or</u> their experience working together to improve the health of children and youth in the service area. (3 to 7 points)	<input type="checkbox"/> Provides <u>little or no</u> description of the partners involved, or proposed to be involved, in the planning process <u>or</u> their experience working together to improve the health of children and youth in the service area. (0 points)	_____ / 10
<input type="checkbox"/> Provides a <u>clear</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including a description of any planning activities related to the establishment of a CAHC. (5 points)	<input type="checkbox"/> Provides a <u>limited</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including a description of any planning activities related to the establishment of a CAHC. (1 to 3 points)	<input type="checkbox"/> Provides <u>little or no</u> description of past or existing collaborative planning efforts in the community that could be coordinated with this planning effort, including descriptions of any planning activities related to the establishment of a CAHC. (0 points)	_____ / 5
<input type="checkbox"/> Provides a copy of the existing or potential advisory committee membership roster that meets <u>all</u> requirements (in attachments): (5 points)  _____ Administrators/staff from the school building in which services are proposed (if school based) _____ Two school health program reps _____ Medical service providers from the proposed provider agency _____ Parents _____ Youth of target population (adolescent centers) _____ Local Public Health Department	<input type="checkbox"/> Provides a copy of the existing or potential advisory committee membership roster that meets <u>some but not all</u> requirements (in attachments): (1 to 3 points)  _____ Administrators/staff from the school building in which services are proposed (if school based) _____ Two school health program reps _____ Medical service providers from the proposed provider agency _____ Parents _____ Youth of target population (adolescent centers) _____ Local Public Health Department	<input type="checkbox"/> <u>No</u> copy of the existing or potential advisory committee membership roster is provided in attachments <u>or</u> roster meets <u>none</u> of the requirements: (0 points)  _____ Administrators/staff from the school building in which services are proposed (if school based) _____ Two school health program reps _____ Medical service providers from the proposed provider agency _____ Parents _____ Youth of target population (adolescent centers) _____ Local Public Health Department	_____ / 5
<b>COMMENTS:</b>			_____ / 20

<b>PART C- GRANT PROGRAM DETAILS</b> <b>7. BARRIERS AND ASSETS OF THE COMMUNITY</b>			<b>TOTAL</b> <b>20 POINTS</b>
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides a <u>clear</u> description of the anticipated barriers and a <u>feasible plan</u> that is <u>likely to successfully address the identified barriers</u> through the planning process. (10 points)	<input type="checkbox"/> Provides a <u>limited</u> description of the anticipated barriers <u>and/or a somewhat feasible plan that may successfully address the identified barriers</u> through the planning process. (3 to 7 points)	<input type="checkbox"/> Provides <u>little or no</u> description of the anticipated barriers and <u>plan that is not likely to successfully address the identified barriers</u> through the planning process. (0 points)	_____ / 10
<input type="checkbox"/> Provides a <u>clear</u> description of a variety of community assets and how they will be capitalized on in the planning process. (10 points).	<input type="checkbox"/> Provides a <u>limited</u> description of a variety of community assets and how they will be capitalized on in the planning process. (3 to 7 points).	<input type="checkbox"/> Provides <u>little or no</u> description of a variety of community assets or how they will be capitalized on in the planning process. (0 points).	_____ / 10
<b>COMMENTS:</b>			_____ / 20

PART C- GRANT PROGRAM DETAILS 8. WORK PLAN			TOTAL 40 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<p><input type="checkbox"/> Provides a <u>clear and comprehensive</u> work plan that describes plans and activities for reaching, at a minimum, each of the six required objectives. <b>(5 points maximum for each objective for total of 30 points maximum)</b></p> <p><b>To receive full points, each objective should include:</b> 1) clear description of key activities to accomplish objective; 2) relevant documented or quantifiable outcome, process or products for key activities; 3) source or method of documenting achievement of key activities and outcomes; 4) projected date of completion; and 5) person(s) responsible for completion.</p> <p>_____ By May 1, a Community Advisory Council will be formed or designated.</p> <p>_____ By June 30, a needs assessment of the target population will be completed.</p> <p>_____ By July 30, services to be offered in the CAHC that are responsible to the MPR's and to needs of the target population will be identified.</p> <p>_____ By August 15, school and/or sponsoring agency approval and in-kind and other funding will be documented.</p> <p>_____ By September 1, a location for the CAHC will be identified and secured.</p> <p>_____ By September 1, a plan of operation will be submitted to MDCH for approval.</p> <p><b>NOTE:</b> If one or more objectives are <u>already met</u>, a complete description and documentation or <u>evidence</u> must be included in attachments.</p>	<p><input type="checkbox"/> Provides a <u>limited</u> work plan for reaching the six required objectives or claims completion of one or more objectives with insufficient documentation/evidence to support claim. <b>(1 to 4 points maximum for each objective for total of 24 points maximum)</b></p> <p>_____ By May 1, a Community Advisory Council will be formed or designated.</p> <p>_____ By June 30, a needs assessment of the target population will be completed.</p> <p>_____ By July 30, services to be offered in the CAHC that are responsible to the MPR's and to needs of the target population will be identified.</p> <p>_____ By August 15, school and/or sponsoring agency approval and in-kind and other funding will be documented.</p> <p>_____ By September 1, a location for the CAHC will be identified and secured.</p> <p>_____ By September 1, a plan of operation will be submitted to MDCH for approval.</p> <p><b>NOTE:</b> If one or more objectives are <u>already met</u>, a complete description and documentation or <u>evidence</u> must be included in attachments.</p>	<p><input type="checkbox"/> Provides <u>little or no work plan</u>, missing significant information, does not include six required objectives or claims completion of one or more objectives without sufficient documentation/evidence to support claim. <b>(0 points)</b></p> <p>_____ By May 1, a Community Advisory Council will be formed or designated.</p> <p>_____ By June 30, a needs assessment of the target population will be completed.</p> <p>_____ By July 30, services to be offered in the CAHC that are responsible to the MPR's and to needs of the target population will be identified.</p> <p>_____ By August 15, school and/or sponsoring agency approval and in-kind and other funding will be documented.</p> <p>_____ By September 1, a location for the CAHC will be identified and secured.</p> <p>_____ By September 1, a plan of operation will be submitted to MDCH for approval.</p> <p><b>NOTE:</b> If one or more objectives are <u>already met</u>, a complete description and documentation or <u>evidence</u> must be included in attachments.</p>	<p>_____ / 30</p>

FULL POINTS	PARTIAL POINTS	NO POINTS	TOTAL 40 POINTS (CONTINUED FROM PREVIOUS PAGE)
<input type="checkbox"/> The overall work plan activities are <u>relevant to the stated objectives</u> and will <u>likely</u> result in accomplishing the objectives in the timeline set forth in the planning period. (10 points)	<input type="checkbox"/> The overall work plan activities are <u>somewhat relevant to the stated objectives</u> and <u>may</u> result in accomplishing the objectives in the timeline set forth in the planning period. (3 to 7 points)	<input type="checkbox"/> The overall work plan activities are <u>not relevant to the stated objectives</u> and <u>are not likely</u> to result in accomplishing the objectives in the timeline set forth in the planning period. (0 points)	_____ / 10
<b>COMMENTS :</b>			_____ / 40

Part C- GRANT PROGRAM DETAILS 9. MEDICAID OUTREACH PLAN			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides a <u>clear</u> proposal for how Medicaid outreach activities will occur during the planning process. (5 points) <input type="checkbox"/> Proposed activities are <u>likely</u> to be implemented successfully during the planning period. (5 points)	<input type="checkbox"/> Provides a <u>limited</u> proposal for how Medicaid outreach activities will occur during the planning process. (1 to 3 points) <input type="checkbox"/> Proposed activities are <u>somewhat likely</u> to be implemented successfully during the planning period. (1 to 3 points)	<input type="checkbox"/> Provides a <u>little or no</u> proposal for how Medicaid outreach activities will occur during the planning process. (0 points) <input type="checkbox"/> Proposed activities are <u>not likely</u> to be implemented successfully during the planning period. (0 points)	<div>_____ / 10</div>
<b>COMMENTS:</b>			<div>_____ / 10</div>

<b>PART C- Grant Program Details</b>			<b>TOTAL 10 POINTS</b>
<b>10. MICHIGAN STATE BOARD OF EDUCATION GRANT STRATEGIC GOAL AND STRATEGIC INITIATIVES</b>			
<b>FULL POINTS</b>	<b>PARTIAL POINTS</b>	<b>NO POINTS</b>	
<input type="checkbox"/> Provides a <u>clear</u> explanation on how one or more of the Michigan State Board of Education’s four strategic initiatives is addressed through the proposal: (10 points)  <ol style="list-style-type: none"> <li>1. Re-imagine Pre-K to 12 educational system that will lead to the state Board of Education’s expectations for student achievement.</li> <li>2. Continue to review and improve Michigan’s teacher preparation system.</li> <li>3. Continue to advocate and promote high school reform, with emphasis on relevance, relationships and implementation.</li> <li>4. Implement the “Darkening the Dotted Lines” partnership between MDE and local ISD’s.</li> </ol>	<input type="checkbox"/> Provides a <u>limited</u> explanation on how one or more of the Michigan State Board of Education’s four strategic initiatives is addressed through the proposal: (3 to 7 points)  <ol style="list-style-type: none"> <li>1. Re-imagine Pre-K to 12 educational system that will lead to the state Board of Education’s expectations for student achievement.</li> <li>2. Continue to review and improve Michigan’s teacher preparation system.</li> <li>3. Continue to advocate and promote high school reform, with emphasis on relevance, relationships and implementation.</li> <li>4. Implement the “Darkening the Dotted Lines” partnership between MDE and local ISD’s.</li> </ol>	<input type="checkbox"/> Provides <u>no</u> explanation on how one or more of the Michigan State Board of Education’s four strategic initiatives is addressed through the proposal: (0 points)  <ol style="list-style-type: none"> <li>1. Re-imagine Pre-K to 12 educational system that will lead to the state Board of Education’s expectations for student achievement.</li> <li>2. Continue to review and improve Michigan’s teacher preparation system.</li> <li>3. Continue to advocate and promote high school reform, with emphasis on relevance, relationships and implementation.</li> <li>4. Implement the “Darkening the Dotted Lines” partnership between MDE and local ISD’s.</li> </ol>	<b>_____ / 10</b>
<b>COMMENTS:</b>			<b>_____ / 10</b>

<b>Part C- GRANT PROGRAM DETAILS</b> <b>11. LETTERS OF COMMITMENT AND 12. LETTERS OF NEED</b> <i>NOTE: One letter may fulfill both requirements for documentation of commitment and need.</i>			<b>TOTAL</b> <b>18 POINTS</b> <i>COMBINED</i>
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides a <u>minimum of four letters of commitment</u> to participate in the planning process. (5 points) <input type="checkbox"/> Letters demonstrate <u>strong evidence of support for and involvement in the planning process including how the agency will contribute</u> to the planning effort. (5 points)  <b>NOTE:</b> A letter is required from a superintendent or building principal.	<input type="checkbox"/> N/A  <input type="checkbox"/> Letters demonstrate <u>limited evidence of support for and involvement in the planning process or limits how the agency will contribute</u> to the planning effort. (1 to 4 points)  <b>NOTE:</b> A letter is required from a superintendent or building principal.	<input type="checkbox"/> Provides less <u>than four letters of commitment</u> to participate in the planning process. (0 points) <input type="checkbox"/> Letters demonstrate <u>little or no evidence of support for and involvement in the planning process or how the agency will contribute</u> to the planning effort. (0 points)  <b>NOTE:</b> A letter is required from a superintendent or building principal. <input type="checkbox"/>	_____ / <b>10</b>
<input type="checkbox"/> Provides a <u>minimum of three current letters of need</u> for service. (3 points) <input type="checkbox"/> Letters <u>clearly</u> document the lack of services (5 points)  <b>NOTE:</b> Three letters must be from among the following local agencies: Department of Human Services (DHS/FIA), Community Mental Health (CMH), office of substance abuse services, local hospital, Federally Qualified Health Center (FQHC), local health department, local board of health, county commissioners, school board, school superintendent, Mayor's office or equivalent.	<input type="checkbox"/> N/A  <input type="checkbox"/> Letters provide <u>limited</u> documentation on the lack of services (1 to 2 points)	<input type="checkbox"/> Provides a <u>less than three current letters of need</u> for service total and/or from among required agencies. (0 points) <input type="checkbox"/> Letters <u>do not</u> document the lack of services (0 points)  <b>NOTE:</b> Three letters must be from among the following local agencies: Department of Human Services (DHS/FIA), Community Mental Health (CMH), office of substance abuse services, local hospital, Federally Qualified Health Center (FQHC), local health department, local board of health, county commissioners, school board, school superintendent, Mayor's office or equivalent.	_____ / <b>8</b>
<b>COMMENTS:</b>			_____ / <b>18</b>

**Part C- GRANT PROGRAM DETAILS**  
**13. FINANCIAL PLAN AND BUDGET**

A minimum local match of 30% is required; the match can be through cash contributions (hard match) or in-kind resources, such as donated space or time (soft-match)

**TOTAL**  
**20 POINTS**

FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> It is <u>likely</u> that the financial plan will achieve the proposed project but not be excessive and includes only allowable costs. (5 points)  <input type="checkbox"/> Provides a <u>clear</u> description of all funding sources and the distribution of these funds as they relate to supporting the proposed planning process. (5 points)  <b>NOTE:</b> Unallowable costs include indirect, capitol and architectural expenses.	<input type="checkbox"/> It is <u>somewhat likely</u> that the financial plan will achieve the proposed project but not be excessive and includes only allowable costs. (1 to 3 points)  <input type="checkbox"/> Provides a <u>limited</u> description of all funding sources and the distribution of these funds as they relate to supporting the proposed planning process. (1 to 3 points)  <b>NOTE:</b> Unallowable costs include indirect, capitol and architectural expenses.	<input type="checkbox"/> It is <u>unlikely</u> that the financial plan will achieve the proposed project <u>and/or</u> is excessive <u>and/or</u> includes unallowable costs. (0 points)  <input type="checkbox"/> Provides <u>no</u> description of funding sources and the distribution of these funds as they relate to supporting the proposed planning process. (0 points)  <b>NOTE:</b> Unallowable costs include indirect, capitol and architectural expenses.	<p align="center">_____ / 10</p>
<input type="checkbox"/> A line item budget (including match) is included on the Budget Summary and Cost Detail Forms for the period April 1, 2009 through September 30, 2009. <u>All line items add up correctly.</u> (5 points)	<p align="center">N/A</p>	<input type="checkbox"/> A line item budget is <u>not</u> provided <u>and/or</u> line items do not add up correctly. (0 pts)	<p align="center">_____ / 5</p>
<input type="checkbox"/> Narrative summary <u>justifying each line item</u> of the budget (including match) is provided. (5 points)	<input type="checkbox"/> Narrative summary justifying the budget (including match) is <u>partially</u> provided (justification missing on some items). (1 to 3 points)	<input type="checkbox"/> Narrative summary justifying the budget is <u>not</u> provided. (5 points)	<p align="center">_____ / 5</p>
<b>COMMENTS:</b>          			<p align="center">_____ / 20</p>

**Applicant Name:** \_\_\_\_\_

**Totals from All Sections:**

	<b>Total Points Possible</b>	<b>Total Points Awarded</b>
<b>Section 3: Preliminary Assessment of Needs / Assets</b>	60	
<b>Section 4: Capacity and Readiness of Sponsoring Agency and Community</b>	40	
<b>Section 5: Staffing Plan</b>	10	
<b>Section 6: Strength of Community Advisory Council</b>	20	
<b>Section 7: Barriers and Assets of the Community</b>	20	
<b>Section 8: Work Plan</b>	40	
<b>Section 9: Medicaid Outreach Plan</b>	10	
<b>Section 10: Michigan Board of Education Grant Strategic Goal and Strategic Initiatives</b>	10	
<b>Sections 11 and 12 Combined: Letters of Commitment and Letters of Need</b>	18	
<b>Section 13: Financial Plan and Budget</b>	20	
<b>Total Score for the Application</b>	248	